

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
FEC MAIL CENTER

2015 APR 11 AM 11:39

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Dr. Pam Barlow for Congress

ADDRESS (number and street)

100 W. Smythe St.

Check if different
than previously
reported. (ACC)

Bowie

TX

76230

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 00500496

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

TX

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period 01-01-2015 through 03-31-15

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. Pam Barlow

Signature of Treasurer

Pamela Barlow, Dr.

Date

4-8-15

NOTE Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)